TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. IYPE OF PLAN MATERIAL (*Check One): NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment) COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment) 42 CFR 447-332(a)(b) 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 4. 19-B page 3c 4. 19-B page 3c 10. SUBJECT OF AMENDMENT: Annual assurance of the pharmacy program adherence to the requirements of federal regulation. 11. GOVERNOR'S REVIEW (Check One) FOR OBJECT OF AMENDMENT: 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPE NAME SECTION OR ATTACHMENT 14. FEDERAL BUDGET INFORMATION: 9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (If Applicable): 4. 19-B page 3c 16. RETURN TO: 17. OTHER, AS SPECIFIED: 18. OTHER, AS SPECIFIED: 18. FYP NAME SECTION OR ATTACHMENT (IF Applicable): 19. FYP NAME SECTION OR ATTACHMENT (IF Applicable): 10. SUBJECT OF AMENDMENT (FIGE APPROVED AND ORDINATION) 11. GOVERNOR'S REVIEW (Check One) FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED: 18. DATE SUBMITTED: December 14, 2004 FOR REGIONAL OFFICE USE ONLY 18. DATE APPROVED FEBRUATE THE AUTON: TITLE (MEDICAL) 19. PAGE NUMBER (FIGE ALL OFFICIAL) 10. SUBJECT OF APPROVED ATTERIOR (FIGE ALL OFFICIAL) 10. SUBJECT OF APPROVED ATTERIOR (FIGE ALL OFFICIAL) 11. TYPE NAME 12. STATE TIME ACCURATION. 13. TYPE ALL SALE	ALTH CARE FINANCING ADMINISTRATION			FORM APPROVED OMB NO. 0938-019	
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FORM HCFA-179 (07-92)

FORM APPROVED

4.19-B Rev. 12/2004 Page 3c

State: Missouri

The annual assurance is given that, for the period October 1, 2003, through September 30, 2004, the requirements of <u>State Medicaid Manual</u> 6305.1.A and 6305.2 are met. In the aggregate, Missouri's Medicaid expenditures for multiple source drugs identified and listed in accordance with 42 CFR 447.332(a) are in accordance with the upper limits specified in 42 CFR 447.332(b).

State Plan TN# 04-13
Supersedes TN# 03-21

Effective Date October 1, 2004
Approval Date FEB 1 2005